

subject of the nomenclature of nasal disease, and, before attempting definite conclusions, it might be well to wait awhile, and let their ideas simmer down.

As regards the origin of the affection, he was disposed to agree with the author quoted in the paper, who regarded it as the outcome of a pre-existing hypertrophic inflammation. He had noticed a fact which had a suggestive bearing on this question. He had occasionally been consulted respecting children on whom he had operated for post-nasal growths, several years after the operation, because they had again become affected in the nose. This was not due to a recurrence of the growths, but to a hypertrophic inflammation of the middle spongy bones, associated with stuffiness, and with profuse and slightly offensive discharge. He regarded this condition, occurring under the circumstances mentioned, as a later manifestation of the same diathetic state as had in infancy induced the growths.

Granted such a diathesis, it was not unreasonable that it should evoke later manifestations, as the child grew up. It was well known to them all that even adults neglected in themselves what they called a "chronic cold," and in their children this neglect was general. So that it might easily be that adults who presented themselves with well-developed atrophic disease had long since passed through a hypertrophic stage. He had certainly seen a number of cases, chiefly in young adults, who when first examined presented what clinically was indistinguishable from hypertrophic disease, and who, while under observation, passed into the atrophic phase. He had shown one such patient among those illustrating the presence of necrosis, which he had exhibited that afternoon. The history of this case showed that the disease commenced in childhood.

There remained the question as to what constituted the determining factor which should decide whether an inflammation of the ethmoid region of the nose should assume the hypertrophic or the atrophic phase?

When he published his first comments on the affection in 1887 (*vide* "Polypus, etc., associated with Ethmoiditis," p. 26, *et seq.*), he expressed the opinion that this determining element consisted in the possession on the part of the patient of an

enthetic heredity —*i.e.*, in the atrophic or ozæmoid cases. His subsequent experience tended to support this view, and one frequently saw in the teeth, eyes, and other regions confirmatory evidence to this effect. He thought the description of the pathology of the disease given by the author unique, and its scientific value proportionately great, because it would now be possible with the microscope to accurately differentiate this disease from any other.

He doubted, however, whether this research would prove of much service, either therapeutically or clinically. They could not always scrape off pieces of mucous membrane, and treat such specimens microscopically, as, besides the special knowledge necessary, such a proceeding required considerable preparation, and the devotion to it of much time. Fortunately, the very distinctive clinical features of the disease made its diagnosis easy, apart from pathology.

Finally, he wished to insist on the great importance of recognizing the necrosis, the presence of which, in his opinion, constituted the element of persistency of the disease. He had been able to do this in every case but one which had come under his observation. He was glad to note that the writer of the paper had recognized this necrosis in considerably more than a third of his cases. The fact that it was often concealed within the ethmoid cells added, no doubt, to the difficulty of discovering it, but the necessity for doing so, with a view to its elimination, was essential to the radical cure of all ozæmoid affections of the nose.

DISCUSSION.

Mr. LENNOX BROWNE, with all respect to Dr. Woakes, could not agree that his suggested alteration in nomenclature was an improvement; for the term rhinitis was generally supposed to be restricted to intra-nasal structures alone, and not to the nose as a whole, and seeing that rhinitis referred to an inflammation of other parts than the ethmoid bone, he could not allow that the term ethmoiditis was preferable. Mr. Mayo Collier had anticipated the speaker, in suggesting disorder of the sympathetic system as a primary etiological factor in the production of atrophic rhinitis, for as to diathesis the older writers spoke of struma and scrofula as constitutive factors; but, as had been